



**TOWN OF BARRINGTON, NH**  
Application For Appointment Request  
Board – Commission – Committee

Name: John Morris Phone: 603-664-5678  
Address: 318 Hall Rd Email: jmorris@nhcomputing.com  
Barrington Resident Since: 2002 Registered Voter: ☒ Yes ☐ No

1. I am applying for: ☐ Appointment ☒ Reappointment  
2. I am applying for one or more of the following in order of preference (1=1st choice, 2=2nd choice, etc.)

<input checked="" type="checkbox"/> Advisory Budget Committee	<b>Alternate or Mid-Year Vacancy Only:</b>
<input type="checkbox"/> Conservation Commission	<input type="checkbox"/> Library Trustees
<input type="checkbox"/> Planning Board	
<input type="checkbox"/> Recreation Commission	<b>Mid-Year Vacancy Only:</b>
<input type="checkbox"/> Regional Planning Commission Rep	<input type="checkbox"/> Cemetery Trustees
<input type="checkbox"/> Technology Committee	<input type="checkbox"/> Select Board
<input type="checkbox"/> Town Lands Committee	<input type="checkbox"/> Trustees of Trust Funds
<input type="checkbox"/> Transfer Station & Recycling Center	
<input type="checkbox"/> Zoning Board of Adjustment	<input type="checkbox"/> Other (please specify):

3. For my appointment, please consider the following:
- a. Occupation: Reimbursement Manager
  - b. Employer: Wentworth-Douglass Hospital
  - c. If appointed, do you feel there is any conflict of interest with your personal beliefs, occupation, or employer? ☐ Yes ☒ No
  - d. Education: BS Business Administration, MS Finance
  - e. Relevant Experience: Been on the ABC for 3 years
  - f. Volunteer Time Available: As needed
  - g. Any previous appointments to any board for the Town of Barrington or the School District? (If yes, please describe): ABC
  - h. Are you willing to serve as an alternate? ☒ Yes ☐ No
  - i. Are you willing to serve on a sub-committee? ☒ Yes ☐ No
4. I would like to improve the following: Transparency and effective use of town resources for benefit of the residents
5. I am seeking this appointment because: Term is ending for ABC
6. I have attended a meeting of this board/committee/commission: ☒ Yes ☐ No
7. I have spoken with the chair/vice chair of this board/committee/commission: ☒ Yes ☐ No

Signature:  Date: 3/6/2022

Please return this application to: Town Offices, P.O. Box 660, Barrington, NH 03825 or [appointments@barrington.nh.gov](mailto:appointments@barrington.nh.gov).